ANDHRA UNIVERSITY

STUDENT INFORMATION SHEET

(Please fill all the fields in CAPITAL LETTERS)

Dr. B.R. AMBEDKAR College of Law

Please paste recent passport size color photo

1. Name of the **Student Name: (As per S.S.C.)**

	Surname	**Name**
Sri/ Smt Mrs/Ms		

2. Father's Name :

3. Date of Birth as per the records: (As per S.S.C.in figures only)

Date		Month		Year			

4. Roll No.. :

5. Name of the Department &College :

6. Name of the Course :

2yrs M.L. Course ☐ | 3yrs LLB Course ☐ | 5yrs B.A. LLB Course ☐ | 2yrs M.A. HRD Course ☐

Day Scholar/Hostler: Blood Group:

Present Address in Visakhapatnam		**Permanent Address**	
City			
Pin		Pin	
Phone		Phone	
E-Mail ID			

Note:- Please Enclose Xerox a copy of admission allotment along with this application, duly counter signed by the Head of the Department.

SIGNATURE OF THE STUDENT

(Please sign inside the box with black ink)

To be filled by Library:

Library Borrowers No.:

User Bar code I.D No.: